

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022901

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 6 1962

Primary Registration District No.

1002

Registrar's No.

3116

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. K. Russell

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

55 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

7231 Sycamor

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

7231 Sycamor

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Earl

Middle

S.

Last

Cadwell

4. DATE OF DEATH

Month

June

Day

12

Year

1962

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-7-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dairyman

10b. KIND OF BUSINESS OR INDUSTRY

Dairy

11. BIRTHPLACE (City and state or country)

Clarinda, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank Cadwell

13b. MOTHER'S MAIDEN NAME

Matty Hullinger

14. NAME OF HUSBAND OR WIFE

Marquerite Cadwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wm. R. Cadwell, 5944 Goodman

Merriam, Kansas

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-sclerotic Cardiovascular disease 10 yrs

DUE TO (c)

Generalized arteriosclerosis 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-11-60 to 1-23-62 and last saw him alive on 1/23/62
Death occurred at 5 PM 6-12-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Raytown Mo.

22c. DATE SIGNED

6-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-14-1962

23c. NAME OF CEMETERY OR CREMATORY

Brooking Cemetery

23d. LOCATION (City, town, or county)

Raytown, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Floral Hills Memorial Chapels, Inc
Blue Ridge & Gregory

25. DATE RECD. BY LOCAL REG.

6-13-62

26. REGISTRAR'S SIGNATURE

Ruth S. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr R.K. Russell
6300
Examination
7/23-11/21
Confession

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address H. E. Kern

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.